

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012645

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 767

Primary Registration District No. 3049

Registrar's No. 77

STATE FILE NUMBER

FILED APR 15 1963

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR
TOWN

Hayti

Length of stay in 1b

1 day

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Pemiscot Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pemiscot

c. CITY

OR
TOWN

Hayti

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(if outside, give location)

2 miles East of Hayti

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Lillie P. Robinson

4. DATE

Month

Day

Year

OF
DEATH

March 31, 1963

5. SEX

Female

6. COLOR OR RACE

colored

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Unknown

9. AGE (last birthday)

Unknown

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hosewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Alabama

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Perry Robinson

13b. MOTHER'S MAIDEN NAME

Annie Payne

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pemiscot Memorial, Hayti, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CVA

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

ASVD

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-14-63 to 3-31-63 and last saw her alive on 3-31-63

Death occurred at 4:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Wm. H. D. Caruthersville, Mo.

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/5/63

23c. NAME OF CEMETERY OR CREMATORY

Morgan Ridge

23d. LOCATION (City, town or county)

Caruthersville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

LaForge Undertaking Co. Caruthersville, Mo.

25. DATE RECD. BY LOCAL REG.

4-8-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. C. Aron

Licensed Embalmer No.

3941

P. O. Address

Cambridge, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.